

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9408</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing Name <u>ROBERT</u> <u>LEDWITH</u> P O Box, Bldg, Room No, if any _____ Street <u>1322 THIRD AVENUE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10021</u>	4. Name, file number, and address of labor organization Name <u>METAL LATHERS LOCAL 46</u> Labor Organization File Number <u>008438</u> P O Box, Building and Room Number, if any _____ Street <u>1322 THIRD AVENUE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10021</u>
5. Position in labor organization <u>TREASURER / BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O. Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income _____ 7. b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Robert A Ledwith</u>	On <u>8/12/05</u> Date	<u>(212) 737-0500</u> Telephone Number

Name of Person Filing ROBERT LEOWITH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg. Room No., if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing.

12.a. Nature of interest held or income received

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14 a. Nature of payment.

Reimbursement for travel, meals and lodging for trip to World of concrete Exhibition and Show in Las Vegas, Nev.

01/20/2004

14.b. Amount of payment.

13.b. Is the Business an Employer ☒or Consultant ☐ ?

\$3500

Name of Person Filing **ROBERT LEDWITH**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9 b. or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11 a. Nature of such dealing

11 b. Approximate dollar value of such dealing

12 a. Nature of interest held or income received

12 b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Natal Leaders Local 46 Labor mgt. cooperation trust

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 198 East 48th Street

City New York

State New York ZIP Code + 4 100 21

14.a. Nature of payment.

Reimbursement for travel, meals and lodging
for trip to Post Tension Institute in
Charlotte, NC (Guest Panelist)
05/25/2004

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$1566

File Number U.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any. <input style="width: 90%;" type="text"/></p> <p>P O Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 95%;" type="text"/></p> <p>City <input style="width: 95%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10. If 9.b. or 9 c. is checked give trust or employer's name</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any <input style="width: 90%;" type="text"/></p> <p>P O Box, Bldg. Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 95%;" type="text"/></p> <p>City <input style="width: 95%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a Nature of such dealing</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing <input style="width: 150px;" type="text"/></p> <p>12.a. Nature of interest held or income received</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 150px;" type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <u>Metal Workers Local 46 Labor Mgt. Cooperation Trust</u></p> <p>Trade Name, if any <u></u></p> <p>P.O. Box, Bldg, Room No., if any <u></u></p> <p>Street <u>198 East 98th Street</u></p> <p>City <u>New York</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>10021</u></p>	<p>14 a. Nature of payment.</p> <p>Reimbursement for travel, meals and lodging for trip to construction specifications Institute Exhibition and show in Chicago, Ill.</p> <p>12/27/2004</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$ <u>450</u></p>

Name of Person Filing ROBERT LEDITH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input style="width: 90%;" type="text"/> Trade Name, if any <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9 Business deals with: <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b. or 9.c. is checked give trust or employer's name Name <input style="width: 90%;" type="text"/> Trade Name, if any <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 11 b Approximate dollar value of such dealing <input style="width: 150px;" type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 150px; width: 100%;"></div> 12.b. Amount. <input style="width: 150px;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <u>Metal Lathers Local 66 Apprenticeship Fund</u></p> <p>Trade Name, if any <u></u></p> <p>P O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>198 East 98th Street</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10021</u></p>	<p>14 a. Nature of payment.</p> <p><u>Expense reimbursement trip to the Apprenticeship Instructors Training program in San Diego, Ca.</u></p> <p style="text-align: right;"><u>07/14/2004</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;"><u>\$18.00</u></p>

Name of Person Filing

ROBERT LEDWITH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg. Room No., if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11.b Approximate dollar value of such dealing

12.a Nature of interest held or income received

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Metal Workers Local #6 Apprenticeship Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

10021

14.a Nature of payment

Airfare for trip to San Diego, Ca.

07/15/2004

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$291

Name of Person Filing

ROBERT LEDWITH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with.

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11.b Approximate dollar value of such dealing.

12.a Nature of interest held or income received

12.b Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Metal Workers Local #6 Apprenticeship Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a Nature of payment.

Hotel expense reimbursement for trip to San Diego, Ca.

08/03/2004

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$1315

Name of Person Filing

ROBERT LEDWITH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with:

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a Nature of such dealing

11.b Approximate dollar value of such dealing

12.a Nature of interest held or income received

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Metal Workers Local #6 Apprenticeship Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 198 East 98th Street

City New York

State New York

ZIP Code + 4 10021

14.a Nature of payment.

Reimbursement for meals and entertainment
for trip to San Diego, Ca.

08/27/2004

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$ 1869

Name of Person Filing **ROBERT LEDWITH**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with.

☐ a Labor Organization☐ b Trust☐ c Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a Nature of such dealing

11.b Approximate dollar value of such dealing

12 a. Nature of interest held or income received

12.b Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name **Metal Workers Local #6 Apprenticeship Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **198 East 98th Street**City **New York**State **New York**ZIP Code + 4 **10021**

14.a. Nature of payment.

Expense reimbursement for trip to the
I.E. N.A.T.C.N.A. conference in
San Francisco, Ca.

09/08/2004

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$ 2400 ✓

Name of Person Filing **ROBERT LEDWITH**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg. Room No. if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11.b. Approximate dollar value of such dealing.

12.a Nature of interest held or income received

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name **Metal Lathers Local 46 Trust Fund**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **198 East 78th Street**City **NEW YORK**State **NEW YORK**ZIP Code + 4 **10021**

14 a Nature of payment

Estimated cost of annual Christmas Luncheon hosted by the Metal Lathers Local 46 Benefit funds

12/14/2004

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$ 113

Name of Person Filing

ROBERT LEDWITH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10. If 9 b. or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P.O. Box, Bldg. Room No. if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11.b Approximate dollar value of such dealing.

12.a Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Metal Lathers Local 46 Trust Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 198 East 78th Street

City NEW YORK

State NEW YORK

ZIP Code + 4

10021

14.a Nature of payment.

Registration and hotel room deposit for the 2005 I. F. E. B. P. Conference

09/08/2004

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$1310

Name of Person Filing

ROBERT LEDWITH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with.

☐ a Labor Organization☐ b Trust☐ c Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11.b. Approximate dollar value of such dealing

12 a. Nature of interest held or income received

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

Expense reimbursement for the 2004
I. F. E. B. P. conference in New
Orleans, La.

11/23/2004

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$ 2400

Name of Person Filing **ROBERT LEDWITH**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with.

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9 b. or 9 c. is checked give trust or employer's name

Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11 a. Nature of such dealing

11 b. Approximate dollar value of such dealing.

12 a. Nature of interest held or income received

12 b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Metal Lathers Local 46 Trust Fund**Trade Name, if any P.O. Box, Bldg., Room No., if any Street **198 East 48th Street**City **NEW YORK**State **NEW YORK** ZIP Code + 4 **10021**

14 a. Nature of payment.

Reimbursement for airfare and hotel expense for 2004 I. F. E. B. P. conference in New Orleans, La.

12/07/200413 b. Is the Business an Employer ☒ or Consultant ☐ ?

14 b. Amount of payment.

\$ 1716

08/12/2005 14:54 2126616125

Name of Person Filing <u>Robert Ledwith</u>		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name, if any) Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9 b. or 9 c. is checked give trust or employer's name Name _____ Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
	11.b. Approximate dollar value of such dealing _____ 12 a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
	12.b. Amount. _____	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <u>NY LIFE INSURANCE</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>620 CANTON STREET</u> City <u>WESTWOOD</u> State <u>MA</u> ZIP Code + 4 <u>02090</u>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%; padding: 10px;"> <u>11/30/04 - DINNER</u> </div>	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <u>90.61</u>	